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ABSTRACT

This study sought to determine what, if any, local funding sources are available to rehabilitation service providers as supplements to fee-for-service funding for specific consumers. Chief executive officers at 20 community-based vocational rehabilitation organizations in Minnesota and Wisconsin were interviewed to determine organization financial support, types of services provided, and the effect of Social Security Disability Insurance and Supplemental Security Income on consumer participation. The major findings included: (1) almost half of the organizations' budgets were earned through subcontracts, prime manufacturing, and sales; (2) county social services provided another 22.3 percent of the budgets; (3) in combination, about 70 percent of the organizations' budgets were derived from purely local sources; (4) the rehabilitation organizations had their roots firmly planted in their counties; and (5) programs had few or no unique funding sources. The most common services provided were in employment preparation and community-based employment. Of the programs established by the Social Security Administration, Plans for Achieving Self-Support was the most common program used. The report discusses the need for service providers to have a better understanding of new ways to financially support rehabilitation programs in their communities. (Author/CR)

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Abstract

Chief executive officers at 20 community-based vocational rehabilitation organizations in Minnesota and Wisconsin were interviewed to determine organization financial support, types of services provided, and the effect of SSDI and SSI on consumer participation, using a semi-structured protocol. Sites were identified in conjunction with State rehabilitation organizations; a Constituency Advisory Committee guided the research process as well as the interpretation of the findings. The major findings were the following: (a) Almost half of an organization's budget was earned through subcontracts, prime manufacturing, and sales; (b) county social services provided another 22.30 percent of the budget; (c) in combination, about 70 percent of the organizations' budgets were derived from purely local sources (i.e., contracts and sales, social services; (d) rehabilitation organizations have their roots firmly planted in their county(ies); and (e) programs had little or no unique funding sources.

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Problem Statement

Service providers need a better understanding of new ways to financially support rehabilitation programs in their communities. Information is needed on how to expand current programs and how to develop new programs to serve more persons with disabilities using the resources available within a particular community.

Employment and integration through community-based programming require sufficient economic supports to provide viable services. These supports are expensive and usually cost more than traditional funding sources are willing or able to afford. Supported employment costs per hour, for example, may be 20 to 100 percent more than what the rehabilitation organization can bill the consumer's funding source. The difference between hourly service costs and hourly service fees must be made up from one or more sources, such as donations or profits from production or services. In general, services and support costs increase with the severity of the disability. In a vocational rehabilitation system dedicated to serving persons with the most severe disabilities, this can create a serious financial problem for the provider organization. In order to maintain funding at operating levels, community-based service providers must first use all available major funding sources, then search for ways to supplement those other sources that may be unique to their communities.

The purpose of this study was to determine what, if any, local funding sources are available to rehabilitation service providers as supplements to fee-for-service funding for each specific consumer. This study was intended to provide community-based service providers with new knowledge for financing individualized community-based programs using new concepts in programming. By analyzing a variety of funding arrangements in several different sized communities, similar strategies can be combined and new techniques identified that combine funding sources to sustain essential and needed services.

If information on such resources could be collected and analyzed within a community, then these data could be used to build individual support plans as well as to identify gaps in the support system at the individual, community, and larger system levels. Consumers and service providers could more easily identify, access, and maintain long-term supports needed for ongoing programs. This study used the rather broad definition by Crimando and Riggar (1993) of a community resource:

> A community resource can be defined as any service vendor/public or private, fee-charging or not, available within a specific geographic area that potentially can be used to aid our clients, ourselves, or our organizations. They range from comprehensive rehabilitation hospitals and social service agencies, to neighborhood advocacy and service organizations, to a variety of educational, legal, and employment agencies, and to a host of small vendors such as physicians, counselors, pain management clinics, and churches. (p. 7)

Rationale and Need

Sources of funding provide support to individual consumers with a wide range of

disabilities and to a variety of programs. As a result, a complex array of expenditures exits both at individual and program levels. Programs and activities affecting individuals with disabilities cover many areas of federal funding in numerous budget categories by several federal agencies. This variety of different funding sources makes it difficult for both consumers and their service providers to understand funding requirements and how to relate these requirements to the service provider's programs.

In most geographical areas, there are varieties of programs, agencies, and organizations dedicated to serving human needs. While some of these are highly specialized serving only one disability group or one problem, other organizations serve general needs. For example, Coker, Smith, and Solem (1993) compiled an extensive list of local sources including schools, return-to-work services, transportation companies, volunteers, local government agencies, and projects with industries in a rural Wisconsin county with a population of about 35,000. They identified 127 human services programs and organizations that were active in this one county. These ranged from county social services to private adoption agencies.

Previous studies have reported a dramatic increase in recent years in the placement of people with severe disabilities in community-based settings (Bradley, Conroy, Covert, & Feinstein, 1986; Cook, 1992; Cook & Rosenberg, 1994; Davis, 1987; Lakin et al., 1989; LaMarche et al., 1995; Scheerenberger, 1988; Wolfe, Roessler, & Schriner, 1992). These studies highlight the importance and support the need to identify ways to fund rehabilitation services in a community-wide context.

Several authors report insufficient financial resources to meet the goals for community-based programs. According to Hayden (1992), the current service delivery system provides community services that are under funded to a considerable degree. Her study of waiting lists in social service agencies in 45 states found an estimated 181,835 unfilled service requests from individuals. These findings were consistent with others in finding such long waiting lists that were a direct result of low levels of funding (Davis, 1987; Sachs, Smull, & Bryan, 1986; Ward & Halloran, 1989). Lakin et al. (1989) surveyed state mental retardation/developmental disabilities agencies in all 50 states and found extensive waiting lists for community services, particularly for young adults exiting the special education system.

One of the questions raised by state agencies, service provider organizations, families, and other advocates for supported employment has been "How do we ensure resources for long-term support" (Albin & Slovic, 1992).

> Many states are facing budget crises in the traditional funding agencies for long-term services for people with developmental disabilities. Other groups such as individuals with traumatic brain injury or chronic mental illness, while by definition eligible for supported employment, may never have had access to a consistent or sufficient funding stream to maintain long-term support. (p. 1)

There are two major ways in which funding impacts on consumers and programs in facilities. First, a lack of funding prevents consumers from participating in a specific program. This was covered in the paragraphs above. Second, the funds needed to keep a consumer in the program after he/she has been enrolled are commonly time-limited or can be reduced to meet

other priorities, such as court ordered services. In the first problem, funding agencies act as a gatekeeper; in the second problem, funding agencies control the length of services (Botterbusch & Menz, 1995).

These studies illustrate the need to bring to rehabilitation professionals and consumers a better understanding of the multitude of funding sources that may be creatively used to provide ongoing support for community integration and employment services. A need exists for rehabilitation organizations to examine present funding methods and to develop new funding techniques. These techniques would incorporate funds from traditional sources as well as enable consumers and community-based service providers access to a variety of community resources, including nontraditional funding sources, to support ongoing rehabilitation services. There are two ways in which one can study funding. The first is to start at the federal level and trace funds from the time of appropriation by Congress, through transfer to states, and finally to specific programs or categories of consumer. The second is to study the specific funding strategies accessed at the local level. This study focused on the local level.

A Complex Mixture of Funds and Services

Multiple funding sources are complex and include many nontraditional sources. Lash (1990) suggested that the organization of special services involves a complex mix of public and private providers, funding, and eligibility requirements; and because of the complexity, these resources will often need to be coordinated by a case manager. In her study on waiting lists, Hayden (1992) indicated that the largest group of people waiting for services, approximately 31 percent or 56,187, includes those living at home with their families. The family is usually the group at the center of consumer support. It is this central group from which financial and other support begins. However, the family is seldom prepared for the task. In commenting on families of children with disabilities, the Research and Training Center in Rehabilitation and Childhood Trauma stated that the family has the ultimate commitment to the child with a disability.

> While staff and programs change, the family remains the constant entity. Consequently, it is the family who really becomes the child's case manager or service coordinator. Yet, little is done to prepare families for this role. They usually develop the skills through months and years of trial and error that often lead to frustration and anger at the helping professions. (Lash, 1990, p. 4)

Medicaid

The largest single financial resource to persons with disabilities is the federal Medicaid program (Braddock, Hemp, Fujiura, Bachelder, & Mitchell, 1990). This program provides comprehensive medical insurance to persons who are disabled and do not have private insurance. Medicaid has remained relatively unaffected by major shifts in services to people with severe, lifelong disabilities and has become somewhat more responsive to the needs of persons with disabilities. Federal Medicaid policies have been modified in limited ways to recognize that supported employment services offer enormous potential for promoting independence, productivity, and integration on behalf of people with developmental disabilities (Smith & Gettings, 1991).

An example of an unusual mix of funding was in a study of supported employment and Medicaid financing. The greatest proportion of these funds paid for long-term services and supports to individuals living in publicly and privately operated intermediate care facilities for persons with mental retardation (Smith & Gettings, 1991). Since 1982, states have increasingly begun to use the Medicaid home and community-based waiver program as a preferred means for developing Title XIX dollars to pay for community-based services for people with developmental disabilities. Federal-state Medicaid dollars typically support services to people with relatively severe disabilities who require more intensive services and supports. According to Smith and Gettings (1991), if integrated work became a viable option for many of these individuals, a reliable stream of dollars to pay for both training and ongoing supports would be needed.

In 1987 Congress clarified its intent regarding the coverage of supported employment services under Health Care Benefit waiver programs. As a result, Smith and Gettings (1991) reported that more states secured approval from the federal Health Care Financing Administration (HCFA) to offer supported employment services to Health Care Benefit waiver participants. Efforts in the 1996 Congress to reform medical services will likely affect how viable this service continues to be.

Importance of This Resource Study

The study attempted to identify unseen opportunities and alternatives to traditional rehabilitation program funded options. Such alternatives included assistance from persons in the community and at the work place who are not rehabilitation professionals but who are capable of functions formerly thought to require rehabilitation professionals. Nisbet, Rogan, and Hagner (1989) have suggested that employment opportunities go unused because vocational support is thought to require rehabilitation professionals rather than interested co-workers.

According to Rheinheimer, VanCovern, Green, Revell, & Inge (1993) supports are different for each person and vary widely in type and intensity throughout employment. Another result of this study was new knowledge for developing specialized options for consumers. In an attempt to describe what future consumer-centered plans might look like, Smull and Bellamy (1989) suggested that an interesting possibility for support service development is analogous to the cafeteria models adopted for employee benefit plans in industry. In these plans, employers provide a variety of benefits from which an employee chooses a customized package within a specified total cost.

Methodology

The study was intended (a) to identify creative applications of existing funding, (b) to identify gaps in funding service programs, and (c) to suggest modifications for current programs or the development of new programs or options for persons with different types of disabilities.

Research Objectives

The following research objectives were pursued in this interview study of 20 community-based rehabilitation programs in Wisconsin and Minnesota.

1. Identify and develop knowledge on new methods of programming for consumers to access a variety of community-based options that will support their ongoing rehabilitation program in the community.

2. Identify and develop techniques for providers of rehabilitation services to access and use a broader set of community resources, including nontraditional sources, to sustain rehabilitation services in the community.

Specific Research Questions

A review of the problem statement, research objectives, and the literature led to the development of the following research questions:

1. What is/are the common source(s) of financial support for services and community-based programming?

2. Are there any unique and unusual sources of financial support because of location or situation?

3. Who provides similar programs or services?

4. Are there sources of operating funds available from private individuals or organizations, such as religious groups and private foundations?

5. What funding relationships exist with county social services, local school systems, Private Industry Councils, and other such agencies?

6. Do service providers help to set up or otherwise deal with Social Security Administration programs or work incentives?

7. Do service providers coordinate or combine Social Security Administration programs with other resources such as Medicaid waivers to help support programs?

8. Do programs provide off-job supports such as recreation or arranging and conducting support groups?

9. What is currently lacking in communities for consumers and what consumer needs do programs see in the future for employment or otherwise?

10. Do programs have data on consumer needs or satisfaction?

The interview protocol derived from these questions was administered to the chief executive officer (e.g., executive director, president) or his/her designee in the rehabilitation organization. Additional data were obtained from annual reports, internal financial reports, and program descriptions obtained from the rehabilitation organizations. This information focused on the programs offered by each site and on the overall funding mix of the organization.

Data analysis began after all interviews were completed and the supplementary information studied. Because of the small number of sites and the subjective nature of the data, data analysis centered on classification and quantification of responses. The items addressing the relative amounts of community resources were analyzed. This entailed determining the extent to which each of the elements identified above was absent or present within each program.

Participatory Research Methodology

The study was guided by a Constituency Advisory Committee (CAC). This committee consisted of consumers and rehabilitation organization administrators, several of whom were minority group members:

Ms. Audrey Nelson, consumer, service provider, and advocate
Reality, Inc., Eau Claire, Wisconsin

Ms. Gail Downey, consumer
Eau Claire, Wisconsin

Ms. Elsa Quezada, Executive Director, Community Resources for the Disabled
Santa Cruz, California

Dr. James Lanier, Professor, HDC Program
University of Illinois at Springfield, Springfield, Illinois

Mr. Robert Stuva, Executive Director
Rehabilitation for Wisconsin, Madison, Wisconsin

Contact with the CAC and between CAC members was through mail, fax, and telephone. Prior to the beginning of data collection, this Committee reviewed the research objectives and the specific research questions and made suggestions for improving these questions and data analysis. In addition, Mr. Robert Stuva was instrumental in selecting the rehabilitation organizations in Wisconsin; Ms. Sheri Mortensen Brown, Executive Director of the Minnesota Association of Rehabilitation Facilities, helped select the sites in Minnesota.

After the interviews and subsequent analysis, further input was obtained from the Constituency Advisory Committee. The focus of this input was upon program description terminology, the differences between the two states, and whether the study should be generalized beyond the twenty sites.

Samples and Site Selection

Data collection for this study occurred at 20 sites in Minnesota and Wisconsin. These sites were in both rural and urban settings and served persons with a wide variety of disabilities and from numerous ethnic backgrounds. At the time of the interviews, all programs were fully operational and served persons with severe disabilities. The sites were identified through constituent advice and by the executive directors of the two state rehabilitation organizations.

The following criteria were used to select the sites: (a) served diverse ethnic and disability groups, (b) were creative and unique in devising funding mechanisms to support and maintain their programs, and (c) had a large number of programs and had a relatively large number of consumers in their programs. The organizations listed below were selected:

Minnesota Sites

Ability Building Center, Rochester
Cedar Valley Services, Austin
Courage Center, Golden Valley
Functional Industries, Buffalo
Kaposia, Inc., St Paul
Mankato Rehabilitation Center, Inc., Mankato
Opportunity Training Center, St. Cloud
Owobopte Industries, Eagan
Productive Alternatives, Fergus Falls
Resource, Inc., Minneapolis Rehabilitation Center, Minneapolis
RISE, Inc., Spring Lake Park
West Central Industries, Wilmar

Wisconsin Sites

Goodwill Industries of North Central Wisconsin, Inc., Menasha
Goodwill Industries of Southeastern Wisconsin, Inc., Milwaukee
Hodan Center, Inc., Mineral Point
Northwoods Inc., Portage
Opportunity Development Center, Wisconsin Rapids
The Threshold, Inc., West Bend
Valley Packaging Industries, Inc., Appleton
Waupaca County Industries, Manawa

Human Subjects Protection

The human subjects in this study were administrators and executive directors from 20 community-based rehabilitation organizations who were interviewed individually. In accordance with U.S. Department of Education and University of Wisconsin regulations, the methodology and procedures for the study were reviewed and approved by the University of Wisconsin-Stout's University Committee on the Protection of Human Subjects Rights prior to the start of data collection.

Prior to the interviews, each subject signed an informed consent release. As can be seen from the research questions above, none of the data obtain dealt directly or indirectly with any intrusive topic or subject matter. Rehabilitation organizations widely provide budget information and program descriptions in their annual reports and other documents available to the public.

Results

The results to each of the 10 questions asked in the interview and related information are presented below. The 10 questions are classified into three major topic areas: financial support, programs, and Social Security Disability Insurance and Supplemental Security Income. Results are organized around these three topics.

Financial Support

This section answers the following four interview questions: (a) common sources of financial support for services and operations; (b) receipt of operating funds from private individuals and organizations; (c) unique and unusual sources of financial support because of your location or situation; and (d) relationship with county social services, schools, Private Industry Council, and other organizations.

Financial Sources. The data to answer the first two questions are found on Table 1, a summary of the sources of funds that each program used to sustain its operations. The first column on Table 1 lists the name and location of the organization involved. The annual budget is presented in the second column. Figure 1 graphically represents the overall importance of the key resources.

With the exceptions of Minneapolis Rehabilitation Center and Courage Center, the total yearly budgets are presented in Table 1. For these two organizations, only the vocational budgets are presented. The next five columns contain the major budget categories and the percentages of the annual budgets derived from each source. All budget percentages total to 100 percent. For example, Northwoods Industries in Portage, Wisconsin, has a total budget of $2,000,000, 52 percent of which comes from contracts and sales, 46 percent from county social services, 1 percent from the Wisconsin Division of Vocational Rehabilitation, and another 1 percent from the United Way.

An average of 47.41 percent of the total funds came from contracts and sales; almost half of the sites' income was earned from production of goods and/or the sales. This earned income covered a wide variety of activities ranging from the traditional sub-contracts with industry, through prime manufacturing,[1] to the sale of donated and manufactured goods, and to the provision of services through enclaves and mobile crews. The reader will note that only three organizations—Minnesota Rehabilitation Center, Courage Center, and Kaposia, Inc.—did not engage in the production of goods and services. If these three organizations are not included, the average percentage of income derived from the production of goods and services was over 50 percent. In other words, the typical rehabilitation organization in this sample earned over half of its yearly budget from the production of goods, sales of products, and the provision of various services. This implies that these organizations made an important contribution to the business climate in their communities. In fact, some rehabilitation organizations are among major employers in small communities.

[1]For example, Productive Alternatives in Fergus Falls manufactures ice fishing equipment that is sold throughout the Midwest.

Table 1. Percents of Income by Major Budget Category

Organization Name, City, and State	Annual Budget (in Dollars)	Major Budget Category					
		Contracts & Sales	County Social Services	Voc. Rehab.	Other Government Contracts	Miscellaneous ①	Total
Northwoods Inc., Portage, WI	2,000,000	52	46	1	0	1 UW	100
Goodwill Industries of Southeastern Wisconsin, Inc., Milwaukee, WI	36,800,000	65	0	6	29	0	100
The Threshold, Inc., West Bend, WI	2,900,000	45	52	3	0	0	100
Hodan Center, Inc., Mineral Point, WI	2,000,000	46	46	0	0	8 DO	100
Valley Packaging Industries, Inc., Appleton, WI	8,600,000	67	30	1	2	0	100
Opportunity Development Center, Wisconsin Rapids, WI	4,000,000	77	16	5	2	0	100
Waupaca County Industries, Manawa, WI		58	17	25	0	0	100
Goodwill Industries of North Central Wisconsin, Inc., Menasha, WI		83	8	2	6.5	.5 FR	100
Owobopte Industries, West St. Paul, MN	984,000	41.2	25	11	20.3	2.5 UW	100
Resource, Inc., Minneapolis Rehabilitation Center, Minneapolis, MN ②	1,400,000	0	0	35	35	20 FD 5 UW 5 DO	100
Ability Building Center, Rochester, MN		72	11	15	0	2 UW	100
Cedar Valley Services, Austin, MN	3,875,000	62	19	18	0	1 UW	100
Courage Center, Golden Valley, MN ③	1,700,000	0	6	53	15	26 DO	100

Organization Name, City, and State	Annual Budget (in Dollars)	Major Budget Category					
		Contracts & Sales	County Social Services	Voc. Rehab.	Other Govern-ment Contracts	Miscel-laneous ①	Total
Productive Alternatives, Fergus Falls, MN		50	15	20	15	0	100
Opportunity Training Center, St. Cloud, MN		45	13	32	10	0	100
Functional Industries, Buffalo, MN	3,500,000	49	10	18	14	9	100
West Central Industries, Wilmar, MN	3,186,000	60	19	17	0	4	100
Mankato Rehabilitation Center, Inc., Mankato, MN	10,500,000	45	0	55	0	0	100
RISE, Inc. Spring Lake Park, MN	4,460,000	31	41	20	0	8	100
Kaposia, Inc., St. Paul, MN ④	1,200,000	0	72	28	0	0	100
Total Percents		47.41	22.30	18.25	7.44	4.6	100

① Miscellaneous Codes. UW = United Way; DO = donations; FR = Fund raising; FD = Foundations.

② MRC. One of the four divisions of RESOURCE, Inc., MRC provides no on-site employment and does no contract or sales work. Revenues are generated through fee-for-service programs (i.e., vocational evaluation, computer training, and placement services), direct federal grants, private foundations awards, United Way, and corporate contributions.

③ Courage Center is a large multi service oriented facility that provides medical therapies, independent living services, recreational and vocational services to persons with severe physical disabilities at several sites and two camps. The total budget is $34,000,000. The $1,700,000 figure above represents only the vocational budget and the funding categories of that vocational budget.

④ Kaposia, Inc., uses an individual centered process of supported employment for persons with developmental disabilities. Income to sustain the services is from two primary sources. Seventy-two percent is derived from state and county day training and habilitation. The remaining 28 percent is from the state vocational rehabilitation agency.

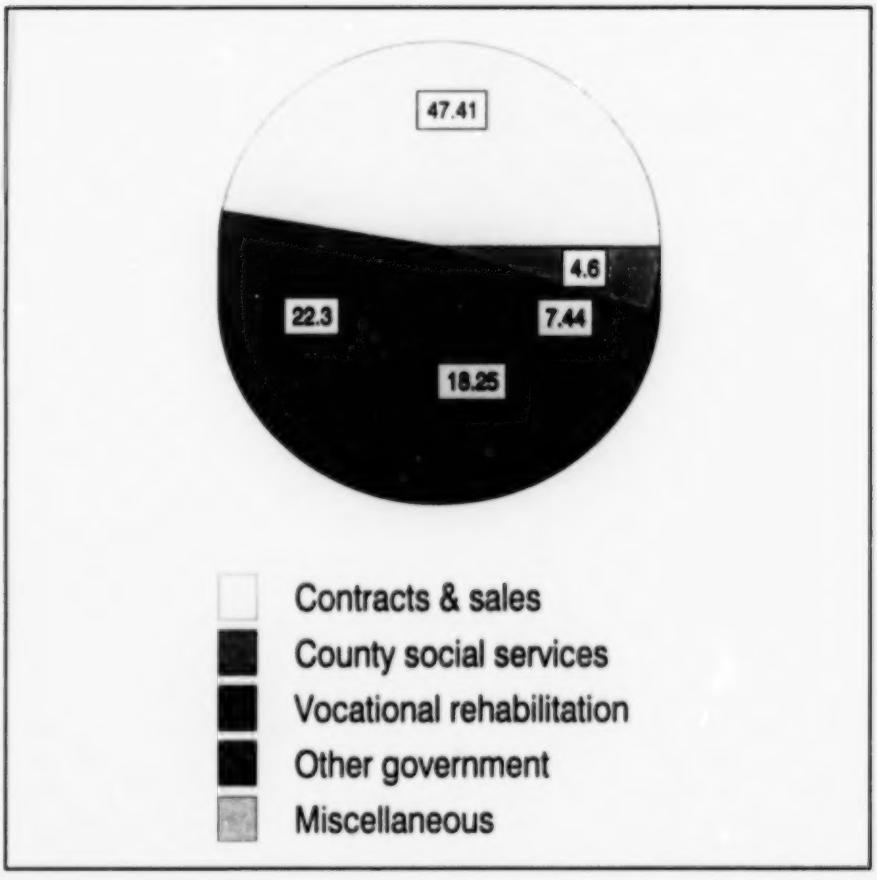

Figure 1: Percentages of Funding Sources for Rehabilitation Organizations

Column four summarizes funding from county social services and averages 22.30 percent. In Wisconsin and Minnesota, county social services funding is commonly used to provide long-term support for persons with life-long disabilities. In these two states, the two most common disability groups are persons with mental retardation and persons with serious psychiatric disabilities. County-level funding paid for rehabilitation and other programming. In a typical organization the amount received from this public source does not cover the total cost of services. The monetary difference between actual costs and fees paid for services was frequently obtained from profits on contracts and sales of goods and services. In summary, in reviewing this column it is important to realize that almost 25 percent of an organization's budget comes from local public funds.

Traditionally, a major source of income for rehabilitation organizations has been fees for services through the state vocational rehabilitation agency. This agency contracts with facilities for a variety of services including vocational evaluation, situational assessment, skill training, sheltered employment, and job placement. In more recent years these services have emphasized job development, individual supported employment, group supported employment, and follow-up services. For organizations in this sample, state vocational rehabilitation income accounted for

18.25 percent of their total budget. This reflects a strong emphasis on providing vocational services and programs to persons with severe disabilities.

Column six (Other Government Contracts) included funds received from state and federal governments for prime manufacturing or service provision. Half of the organizations listed other government contracts as a source of income. The average amount was 7.44 percent of their annual budgets. For example, both Goodwill of Southeastern Wisconsin and Resource, Inc., had extensive funding from the federal Rehabilitation Services Administration in the U.S. Department of Education.

The "Miscellaneous" column included four nongovernmental and one governmental source of income. United Way, donations, fund raising, and private foundations are all nongovernmental sources of funds. In Minnesota, Day Training and Habilitation funds are used to provide services to persons with severe disabilities. Together these five sources provide less than 5 percent of the total budgets. However, Courage Center and Minneapolis Rehabilitation Center support their programs with 26 and 30 percent, respectively, through these private sources.

Unique Sources of Financial Support. Unusual sources of support due to geographical location identified by the 20 sites ranged from nothing unique to specific companies with which the organizations had significant business relations. For example, two Wisconsin sites had close working relationships with paper manufacturers; one Minnesota site worked closely with a foundation funded by a large meat processing company; other sites owned profit-making businesses, such as a local bus company and a truckline business. Funding relationships with schools, Private Industry Councils (PICs), and other local sources are reported in the "County Social Services" column on Table 1. Seventeen of the 20 sites received considerable funding from local social services agencies. Most had contracts to provide services to persons with mental retardation/development disabilities and to persons with psychiatric disabilities. The second source of local funding were PICs, with seven rehabilitation organizations providing services. Finally, three sites had contracts with school districts to provide school-to-work transition and similar services for special education students.

Summary. The following conclusions are offered for the budgets and sources of funds for the 20 organizations in the study:

1a. Almost half of an organization's budget was earned through subcontracts, prime manufacturing, and sales.

1b. County social services provided another 22.30 percent of the budget.

1c. In combination, about 70 percent of the organizations' budgets were derived from purely local sources (i.e., contracts and sales, social services). This implies that rehabilitation organizations have their roots firmly planted in their county(ies).

1d. Less than 20 percent of funding came from State programs. This clearly indicates that vocational rehabilitation is not so important as a funding source as it was even 10 years ago.

2. Most of these rehabilitation organizations received limited funds from private sources.

3. Unique sources of funds identified in the study were typically community ventures that provided contracts for work. While the percentage of various sources was different for each organization, the major sources of funding remained almost the same across organizations.

4. Local resources were county social services, PIC, and, to a lesser extent, public school districts.

Programs of the Community-Based Organizations

Interviews on programs focused upon (a) common and unique programming, (b) whether competition was occurring, (c) availability of off-job supports for consumers, (d) needs and future of client employment, and (e) whether programs collected client satisfaction data on their programs.

Common Programs. Table 2 presents the common programs offered by 19 organizations and the percentages of sites having each program. In reviewing Table 2, the first impression was that the sites provided the common types of services that are offered by facilities throughout the United States. These services ranged from day activities centers to job placement. This list of programs was classified into employment preparation, on-site production, community-based employment, and independent living. It was also obvious that these rehabilitation organizations focused almost exclusively on vocational programs. The most common services were in employment preparation, defined as evaluation, specific training that takes place at the job site for competitive employment (work adjustment and work skills), and job placement/job development. The most common employment preparation service provided was work adjustment (94.7%) followed by job placement and job development (94.5%).

These employment preparation services are the "bread-and-butter" services offered by rehabilitation organizations for at least 25 years. Traditionally, these organizations have provided various types of sheltered employment for consumers. However, in looking at the on-site production, we see that less than 50 percent had sheltered employment and only slightly more than 50 percent offer work activity centers for consumers who function at a very marginal level. Under the community-based employment category, we see that almost all sites (85%) offered individual supported employment and at least one other type of community-based employment.

Collectively these findings provide some evidence how facilities have shifted from on-site production in sheltered workshops to community-based programs. This finding was consistent with considerable expansion of the supported employment movement in the last 10 years. Finally, only five offered independent living services. Fourteen had day activities center(s), which provided a combination of socialization, simple independent living skills, self-care skills, and other nonvocational activities.

Table 2. Common Programs Offered by Nineteen Rehabilitation Organizations

Program Type	2 Organizations Reporting Having Programs	
	Number	Percent ①
Employment Preparation		
Vocational Evaluation (with situational assessment)	13	68.4
Work adjustment	18	94.7
Work skills	14	73.7
Job placement and job development	17	89.5
School to work transition services	6	31.6
Projects with Industry	2	10.5
Community-Based Employment		
Individual supported employment	16	84.2
Enclave	4	21.1
Mobile crew	4	21.4
Long-term supported employment	3	15.8
Affirmative industry	8	42.1
On-Site Production		
Sheltered employment (high production)	9	47.4
Work activity center	10	52.6
Independent Living		
Day activities center	14	73.7
Independent living services	5	26.3

①Based on N= 19 rehabilitation organizations, with multiple responses possible.

Unique Programs. Table 3 summarizes the programs identified by the sites and center research staff as unique programs. In general, these programs provided either (a) an established vocational service to a single disability group (e.g., placement for persons with psychiatric disabilities, traumatic brain injury assessment, and supported employment), or (b) a new service to a specific group (e.g., single mothers, youth, elderly).

Competition in Catchment Areas. Respondents were almost evenly divided as to whether their services or programs were duplicated by other agencies in their catchment areas. Approximate one-third of all the programs reported (a) no one within their geographical area offered similar services, (b) other rehabilitation organizations in the same or near-by area offered similar services or programs, and (c) private industry was in competition for contracts.

Availability of Off-the-Job Support. Eleven of the 20 respondents reported that they did *not* provide off-the-job supports. The remaining nine sites provided a variety of support services ranging from (a) having paid staff run recreation programs, (b) making paid staff available to run after-hours programs, (c) making off-the-job services part of the individual service plan, and (d) to having socialization groups run by volunteers. The most important

finding from the question was that over half the sites in the sample did not provide any significant follow-up or after-care service. This indicated that the programs in community-based employment may be operating ineffectively due to lack of follow-up and follow-along services.

Table 3. Unique Programs Offered by Twenty Rehabilitation Organizations

Unique Programs	Frequency
Elderly	
Alzheimer program	1
Elderly disabled day programs	1
Elderly developmental disabilities program	1
Elderly blind day program	1
Senior citizens day programs	3
Corrections	
Federal corrections	1
Incarcerated women to achieve high school equivalent and employment	1
Special Populations	
Chemical health and rehabilitation	1
Dislocated workers program	1
East Asian as on-call productive personnel	1
Homeless outreach and prevention	1
Veterans programs	1
Youth employment program JTPA	1
Disability Services	
Deaf and hard of hearing program	1
Industrial injury consultants	2
Learning and psychiatric disabilities supported employment program	1
Medically fragile persons day programs	2
Psychiatric disabilities placement and mentoring for professionals	1
Psychiatric disabilities housing and programming	2
Psychiatric disabilities drop in center with vocational services	1
Psychiatric disabilities mobile office cleaning crews	1
Traumatic brain injury assessment and supported employment	3
Other	
Noncustodial parents training and placement program	1
Single mothers employment and training program	1
Training programs in specific occupational areas	9
Women's programs	1

Future Client Needs. Responses were very mixed regarding future needs and what direction new programs should take. They generally centered on shifts in consumer populations served and the need to expand services. The need to provide new services was evident in the following responses: early intervention programs for children ages one-to-three, programs for older persons with developmental disabilities, welfare reform in Wisconsin (i.e., W-2) and supported employment programs for persons with very severe disabilities. Services for

consumers with psychiatric disabilities increased from 10 percent to 90 percent in 10 years.

In addition to these program needs, five sites identified present and future problems with transportation, and six were very concerned about such funding issues as block grants, county budget cuts, and shifts in federal priorities. These concerns are neither new nor unexpected. Rehabilitation organizations have had to deal with new program needs, transportation (especially in rural areas), and funding sources ever since these organizations came into existence.

Client Satisfaction. Data were not obtained from the organizations on specific information collected in client satisfaction. However, 15 of the 20 sites collected some type of consumer satisfaction data.

Social Security Disability Insurance and Supplemental Security Income

Finally, two questions focused on use of the programs established by the Social Security Administration (SSA) to encourage persons receiving disability benefits to return to work: (a) staff use of PASS (Plans for Achieving Self-Support) programs or dealing with other SSA programs or work incentives and (b) coordination of SSA programs with other resources, such as Medicare waivers to help support programs.

The most common program was the PASS (Plans for Achieving Self-Support). Individual PASS plans are developed jointly by rehabilitation services and the consumer; they are then approved by Social Security Administration staff. Eight sites are involved in this program, six are not involved, and the remainder cooperated on PASS programs established by county social services and the division of vocational rehabilitation.

Coordination With Other Options. Eleven of the sites reported combining funding from SSA programs and other funding source, such as Medicare waivers. The most common response ($n = 11$) was that county social services prepared the waiver and that the organizations are contracted to provide the services. Only three large facilities had persons on staff who develop PASS programs.

Further Observations From Site Visits

Organization Size and Programs

Rehabilitation organizations with 60 percent or more of their incomes resulting from contracts and sales had the widest array of program options for persons with disabilities. New programs were established by organizations with the greatest growth in the last 5 to 10 years. The six organizations with the highest income from contracts and sales averaged 14 available program options compared to the remaining organizations which averaged 6 options.

As resource income increased from contracts and sales, sites were more able to afford start up costs and staff time to develop new programming. These six more financially successful programs have invested new money to start-up and maintain specialized programs providing vocational and related services to persons who are not ordinarily within the purview of a

rehabilitation agency: persons who are homeless, have psychiatric disabilities, receive AFDC, or are East-Asian immigrants. Some of these agencies had other unique program services such as early intervention programs for disabled children, utility payment management, mental illness mentors, help for the elderly disabled, help for the persons with Alzheimer's, help for corrections clients, and help to meet specialized traumatic brain injury needs.

Rehabilitation organizations either operating as affirmative industries or modeled after affirmative industries, had business viability and were able to create more new programs and expand within a community. These organizations perceive themselves as an umbrella of services available to employ and otherwise provide vocationally related services to almost anyone in the community who is unemployed for economic reasons, cannot maintain his/her life, and needs to increase work skills to raise his/her level of income. This widening of application and purpose enhances the potential for creating more normal and contemporary workplaces for the former "clients of sheltered workshops."

Specialization

One of the differences observed between large centers in more densely populated areas and smaller centers in less populated areas is the opportunity for specialization in the type of disability served. Opportunities for specialization of programs according to types of disability are available to large urban centers and generally are not available to smaller cities and rural areas. Also, a large metropolitan area center may choose to exclude persons of certain disabilities to offer a more individualized program for populations they elect to serve.

Contracts and Sales

Organizations regard all their operations that include work skills, work services, work adjustment, and situational assessment as forms of community-based employment programs. Most of the organizations in this study perceived themselves as part of the business community and, therefore, see all that they do as community-based. Individualized community integration, placement, and "normal" employment are still goals. However, income or profits from contracts and sales play an increasing role in supporting programs. The goal of providing appropriate and effective rehabilitation services could become overshadowed by eagerness of organizations in this study to increase revenues in order to expand their operations and create more options.

Modernization

In the past, organizations relied on techniques such as job restructuring and work simplification to meet contract work demands and provide more jobs for the persons they serve. Subminimum wage certifications for both programs and individual consumers provided by state departments of labor were a platform for supporting this approach for years. Consequently, work organizations have thought of modernization and automation as too expensive and possibly leading to the reduction of work positions.

Some of the more financially successful organizations in this study reported that the opposite is true. New equipment, although expensive at first, benefits greatly in several ways. It is more dependable, and it is less wasteful of raw resources. Potential contractors view the

new equipment as solid evidence that the organization can handle the work. While potential customers do not comment upon outdated less efficient equipment that they see in a organization, they simply will not consider signing a contract with the organization.

Perhaps the greatest benefit is to the consumers who gain experience in a modern business setting indistinguishable from many other workplaces. In considering automation, organizations have thought that it would have the effect of lessening the number of people needed to do the work and, therefore, create less opportunity for persons to experience work. This was found to be not true for organizations (using more automation) participating in this study; increased volume results from the use of more modern methods. Automation probably accounts for the many organizations that have even seen an increase in work opportunities.

Primary Retail Operations

Two organizations in this study recently established successful retail operations selling specialty merchandise to the public in their communities. In one case, a major mail order clothing manufacturer supplies returned goods free of charge for resale in the organization's stores. These new clothing items from a single major manufacturer are distinctly different from the commonly thought of image of used clothing and other merchandise.

In the second case, the organization operates a specialty gift and novelty products retail and catalog store. Last year profits from the organization operating the clothing retail stores greatly exceeded those from the organization's more traditional contract work.

Locations

Most organizations in this study, including those with retail operations, are physically located on the outskirts of town or in industrial parks. Organizations with newly developed stores in or close to the central business districts of their communities have enjoyed the additional benefit of increased visibility within the community. This has led to more community involvement and recognition. This increase in awareness by both business and the public in general has resulted in a very positive regard on the part of communities toward the organizations. Chambers of Commerce and others are more likely as a result to be familiar with the organizations and more knowledgeable of all their programs as well as program needs. How well organizations without retail or other community sales might profit by such a move into the central business district is unknown.

One-Stop Job Organizations

At this time there are both federal and state initiatives to consolidate employment services for all persons into one organization. This is commonly referred to as the one-stop job organization. Currently, many local, state, and federal agency offices are scattered throughout communities, thus lessening interagency relationships and understanding. Because consumers of scattered services face transportation costs and other inconveniences associated with making many separate visits, the one-stop organization is considered a better approach. For many reasons, both fiscal and otherwise, employment organizations must attend to or be involved with this approach.

Several organizations in this study have expressed concerns regarding the impact of such an initiative on their viability, operations, and programs. The question of control is central to the concerns expressed. Rehabilitation organizations worry if they are not at the center of or integral enough in this new structure that they will be left out of the process to a certain degree.

Involvement With School to Work

Another federal and state initiative is that of providing transitional services to students leaving school systems and entering the work force. The organizations in this study have generally found that a close association with local transition committees or councils is beneficial to all parties involved. Students leaving schools with ongoing association with organizations fall out of sight of services for sometimes months before being recognized and provided with organization services as they have in the past.

Employees Without Disabilities

As organizations experience increased volume on existing contracts and acquire new contracts, they require a larger work force to keep pace with the demands of production schedules. The demand for a larger work force presents an opportunity for organizations to provide employment to nondisabled workers to help meet this new demand. A few organizations in this study were interested in this approach and have applied it in only limited cases. One organization was outstanding in creating a mix of persons with and without disabilities in one branch of its operations, such that on a typical day, 200 of the 550 employees at its main operation were persons without disabilities. The organization reports an increase in production rates among persons with disabilities as well as a reduction in disability-related behavior problems. Upon observation, this operation appeared no different in personnel, activity, and equipment than any other comparable enterprise in the industry.

Favorable Employment Rates

Organizations in the study were experiencing growth in operations during a time of low unemployment rates. This growth in primary manufacturing and subcontracts can be attributed to the general economic conditions, such as low inflation, low interest rates, and increased production of goods. If the economy either levels out or declines, the organizations were concerned that rising unemployment could strain their ability to obtain contracts. This has led organizations to increase their efforts to maintain high quality products and dependability in production operations. This concern and its effect have further encouraged the organizations to normalize work places through modernization, automation, and the affirmative approaches in which nondisabled persons work alongside those with disabilities. Hopefully, should employment rates decline, such efforts will be successful in maintaining the viability of the organizations through maintaining positive long-term contractee-contractor relationships.

Importance of County and State Resources

Organizations receive fees for providing services for persons with disabilities from state departments of vocational rehabilitation as well as county human services programs. On average, organizations in this study were found to receive approximately 40 percent of their

income from these two sources. County and state programs have separate rules and requirements for the provision of services set by administration and boards at both levels. These rules and requirements are not always seen as reasonable by organization management. Periodic changes in polices and procedures by state and county agencies adversely affect organization operations. To a certain extent, organizations resent this difficult and unpredictable control by outside forces.

As some organizations have become more profitable through increased contracts and sales, there is a desire and tendency among them to free themselves of the need to rely on income derived from state and county service fees. These organizations regard recent successes as opportunities for the establishment of new organization-based social and vocational programs. No organizations in this study have yet dissociated themselves to a large extent from both state and county agencies, but some stated a desire to do so.

No More "Make Work"

Generally, there are two levels of programming within the organizations regarding contract work. The level that generates the most revenue was the fastest paced and most contemporary looking work place in the organization. This area contained the highest number of nondisabled workers and has the lowest staff to worker ratio. The best term used to describe this level among the organizations in this study was "work services." The other level or area of programming was one in which more support and supervision is needed due to severity of disability. A general term used to describe this level among the organizations in this study was "work skills."

Formerly such areas in organizations included a lot of "make work" such as filling bags with items and then emptying them and filling them over and over again. The former day activity organizations used to be the settings for such busy work mainly to keep persons occupied. None of the organizations in this study continued these practices. Persons in work skills areas were all doing some form of productive work activity that allowed them to learn and be a part of the organization's overall purpose.

Placement Concerns

Organizations provided services that placed persons in jobs in the surrounding community, resulting in autonomy through integration into the largely nondisabled labor market. The busiest and most financially successful organizations in this study agreed with purpose and intent of placement efforts, even though outside placement often resulted in a reduction of valuable lead workers. Although these organizations presently enjoy a financial boom from their own successful contracts and sales operations, there were several excellent placement programs.

According to comments made by the administrators during the interviews, some county social service agencies insisted that a supported employment model of placement is the only method they wish to support. Because it is only one path to employment and was probably the most expensive method to apply, this insistence was not viewed as positive by the rehabilitation organizations.

One large metropolitan organization reported that its supported employment program evolved to the condition where no fading by job coaches was taking place. It was only because they are a multimillion dollar operation that it could maintain the practice. This was a situation where an employer paid for one worker and the organization paid for the other, with both persons completing the tasks of one job. It was clear to most organizations in this study and should be clear to counties that there are other options to pursue for the employment of persons they serve.

Disincentives for Consumers

The administrators interviewed also stated that most of what the consumer fears about placement to outside jobs has been based on the fear of losing benefits from entitlement. These fears had been the one major obstacle to most efforts in outside placement. A few of the prosperous organizations in this study have established their own benefits packages for all their employees. Their intent is to wean employees off entitlement-based benefits and onto organization-based benefits that they consider to be more reliable and in which they are more in control. The effect of this shift on the longstanding problem of client fear of loss of benefits is unknown at this time.

Conclusions and Recommendations

Without exception, organizations in this study were enjoying a period of growth and financial success. Observation of work environments and consumers lead to the conclusion that these organizations differed little from small- or medium-sized competitive industries. It also appeared that the less organizations had to depend on county and state resources for support, the more unique and creative the organizations became in both management and operations.

Although these rehabilitation organizations are enjoying current financial success, the data presented on Table 1 showed little in the way of unique funding. There were three major sources of funding for each site: First, about 50 percent was generated by the various business activities of the organization. Second, about 45 percent was national, state, and local public funding. Third, the small amount of miscellaneous funding came from sources that could not be considered unique: United Way, donations, fund raising, and private foundations. The 20 rehabilitation organizations in the study did not develop any new and unique funding sources. Their success was in the way that they were able to continue to fund programs through a combination of common sources of funding. The most common programs were in employment preparation and community-based employment, indicating a strong emphasis on vocational and community-based employment efforts. The results also reflect efforts to provide services to more traditional populations and the effort to normalize work forces in modern settings that include nondisabled persons.

Based on the results and the methodology used in this pilot study, the following recommendations are made:

1. That the study be repeated with a larger sample, stratified by size of a rehabilitation organization (as determined by number of consumers served in a year) and the

population of the community in which the organization is located.

2. That within each rehabilitation organization, individual programs be studied for their funding mix. It is assumed that different programs would utilize different sources and percentages of funding. In addition, the flow of funds from one program to another should be studied.

3. That unique sources of funding be identified as well as creative ways of combining these sources be found.

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